CLUB DRUG WORKGROUP REPORT AND RECOMMENDATIONS

September 2001

The Mission of the Club Drug Workgroup is to develop a statewide strategy to combat the growing use and abuse of club drugs in Utah, providing direction to efforts in 1) law enforcement and prosecution; 2) education and community awareness; 3) sexual assault prevention; and 4) treatment

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Introduction

During the 1999 general session of the Utah State Legislature, the Commission on Criminal and Juvenile Justice (CCJJ) was tasked with creating a five-year plan to reduce crime in Utah. Working with Utah's law enforcement agencies, prosecutors, and the courts, CCJJ conducted a survey to identify the most pressing crime problems in the state. The number one survey response was Utah's drug problem - particularly methamphetamine.

While meth remains a concern, Utahns recently became aware of "club drugs" or "designer drugs" and their associated "rave" parties. Originally seen in the dance clubs of major U.S. cities, it seemed Utah might be exempt from these powerful drugs and their ugly consequences, however, club drugs have arrived and their popularity and use among juveniles and adults along the Wasatch Front have grown at an alarming rate.

Concerned with this growing trend, members of the Utah Substance Abuse and Anti-Violence Coordinating Council (USAAV) created an ad hoc committee to examine club drugs in Utah and make policy recommendations to deter their use. The "Club Drug Workgroup" (workgroup) was established with members of USAAV's standing committees and other professionals concerned with the club drug scene.

Chaired by Assistant Attorney General Scott Reed, the workgroup first met January 12, 2001 and determined this drug problem will not be solved by the law enforcement community alone. Educators, school officials, community groups, prosecutors, treatment providers, sexual assault counselors, parents and others must be involved to effectively address this problem.

The workgroup narrowed its focus to four specific areas creating a subcommittee for each.

- Education and Community Awareness
- Law Enforcement and Prosecution
- Sexual Assault
- Treatment

The workgroup also agreed that a statewide "Club Drug Summit" should be held bringing together policymakers from across the state to develop a multifaceted strategy to address Utah's growing club drug problem.

Clarification
The September 2001 Club Drug Workgroup Report and Recommendations contained statements relating to "a talented Utah banker" that suggested the individual referred to was involved in criminal activity. Since the Report was published, Dale Gibbons was acquitted on all charges. The statements relating to Mr. Gibbons have been removed from the report and web site. Those statements should not be cited or relied upon. We apologize for any inconvenience or confusion those statements may have caused.

After much research and numerous workgroup and subcommittee meetings, USAAV, in conjunction with CCJJ and the Attorney General's Office, hosted Utah's Club Drug Summit on August 10, 2001 at the E-Center in West Valley City. More than 150 leaders and policymakers gathered learning more about these drugs and in breakout sessions developed policy recommendations addressing three of the four goals outlined in Utah's *Crime Reduction Plan.* First, to decrease the prevalence of drug use, drug sales, and drug manufacturing; second, to utilize data sharing, technology, and cooperative communication; and third, to increase justice system accountability and resources.

Once presented to the full USAAV Council, workgroup recommendations will be assigned to USAAV's standing committees for implementation and follow-up. It is presumed that recommendations will be implemented by existing state and local agencies, in fact, workgroup members are confident that only as these recommendations are integrated with the efforts of existing agencies, teachers, coaches, police officers, treatment counselors, and parents will Utah's club drug problem be solved.

Overview of Club Drugs in Utah

"Club Drugs" is a general term for a number of illicit drugs, primarily synthetic, most commonly encountered at nightclubs and "raves." The drugs include MDMA (Ecstasy), Ketamine, GHB, GBL, Rohypnol, LSD, PCP, . . . and, to a lesser extent cocaine and psilocybin mushrooms. These drugs have gained popularity primarily due to the false perception they are not as harmful, nor as addictive, as mainstream drugs such as heroin (DEA, Drug Intelligence Brief, 2/00). Some groups even publicize club drugs are safe to use as recreational drugs, if taken in appropriate doses. The following are summaries of the club drugs most likely to be used in Utah.

MDMA (3, 4-methylenedioxymethamphetamine)

Street names: Ecstasy, XTC, E, X, and Adam

Primarily illicitly manufactured in and trafficked from Europe, Ecstasy is the most popular club drug. The drug is a synthetic, psychoactive substance possessing stimulant and mild hallucinogenic properties. Known as the "hug drug" or "feel good" drug, it reduces inhibitions and produces feelings of empathy for others, the elimination of anxiety, and extreme relaxation. Prices in the United States generally range from $20 to $30 per dosage unit (pill).

In addition to chemical stimulation, the drug reportedly suppresses the need to eat, drink, or sleep. This enables club scene users to endure all-night and sometimes two to three day parties (raves). Ecstasy is usually taken orally in tablet form, and its effects last approximately 4-6 hours. Often taken in conjunction with alcohol, the drug destroys both dopamine and serotonin cells in the brain. Taken at raves, the drug often leads to severe dehydration and heat strokes, since it has the effect of "short-circuiting" the body's temperature signals to the brain.

Long-term effects include damage to the nerve cells that utilize serotonin to communicate with other nerve cells in the brain. Users risk permanent brain damage that may manifest itself in depression, anxiety, memory loss, learning difficulties, and other neuropsychiatric disorders.

Ketamine

Street names: K, Special K, and Cat Valium

Marketed as a disassociative general anesthetic for human and veterinary use, the only known source of Ketamine is diverted pharmaceutical products. Recent press reports indicate a significant number of veterinary clinics are being robbed specifically for their Ketamine stock. Ketamine liquid can be injected, applied to smokable material, or consumed in drinks. Prices average $20 per dosage unit.

Ketamine produces physical effects similar to phencyclidine (PCP), with the visual effects of LSD. Low doses of the drug produce an experience called "K-Land," a mellow, colorful "wonder world." Higher doses produce an effect referred to as "K-Hole," an "out of body," "near death" experience.

Use of the drug can cause delirium, amnesia, depression, long-term memory and cognitive difficulties, and fatal respiratory problems. Due to its disassociative effect, it is reportedly used as a date-rape drug.

GHB (Gamma Hydroxybutyrate)

Street names: Liquid Ecstasy, Soap, Georgia Home Boy, Grievous Bodily Harm

GHB is a central nervous system depressant that was banned by the FDA in 1990. Originally sold in health food stores, GHB was marketed as a releasing agent for growth hormones that would stimulate muscle growth. Since this drug is easy to synthesize and manufacture, distribution is handled by local operators.

At lower doses, GHB causes drowsiness, dizziness, nausea, and visual disturbances. At higher dosages, unconsciousness, seizures, severe respiratory depression, and coma can occur. Overdoses usually require emergency room treatment, including intensive care for respiratory depression and coma.

GHB generates feelings of euphoria and intoxication. Some users also report that it is an aphrodisiac. GHB is primarily available in liquid form and is highly soluble. Often GHB is added to spring water or concealed in mouthwash bottles. Due to its salty taste, flavorings are often added, and it is sometimes passed off as a high-carbohydrate health drink. GHB is usually sold by the capful, and sells for $5 to $10 per cap. GHB has been used in the commission of sexual assaults because it renders the victim incapable of resisting, and it may cause memory problems.

Rohypnol (Flunitrazepam)

Street names: Roofies, Roche, Forget-me Pills, Circles, Mexican Valium, Rope

Most commonly known as a date-rape drug, Rohypnol continues to be popular among young adults. The drug is readily available at clubs and raves, and reportedly has become extremely popular at gay clubs. Rohypnol usually is smuggled into the United States by way of mail or delivery services.

Rohypnol is legally sold in Latin America and Europe as a short-term treatment for insomnia, and as a preanesthetic medication. One of the significant effects of the drug is anterograde amnesia, a factor that strongly contributed to its inclusion in the Drug-Induced Rape Prevention and Punishment Act of 1996. n addition to chemically induced amnesia, Rohypnol often causes decreased blood pressure, drowsiness, visual disturbances, dizziness, confusion, gastrointestinal disturbances, and urinary retention. Users of the drug report effects similar to intoxication, yet claim that they wake up the next morning without a hangover. While the drug can be detected through a urinalysis, it does break down very quickly, so must be tested within 72 hours of ingestion.

Nitrous Oxide (N_20)

Nitrous Oxide is a colorless, liquefied gas used for several legitimate purposes. Nitrous oxide blended with oxygen, also called “laughing gas” is most commonly used as an anesthetic for minor oral surgery and dental work. Nitrous oxide also has a number of industrial uses. It is used as a propellent in aerosol food cans and is sold commercially in small canisters or cartridges called “whip-its” which can be used to make whipped cream or as a combustion catalyst in auto racing.

Nitrous oxide produces a sense of euphoria by depriving the user of oxygen. As the nitrous oxide is inhaled, it replaces the oxygen in the user’s lungs. Symptoms of use are a brief “high”, slurred speech, impaired balance, confused thinking, unresponsiveness to stimuli such as noise and pain, and possible loss of consciousness.

Nitrous is sold at concert venues, parties and raves by drug dealers who dispense it in individual “hits” - balloons inflated with N_20. A typical balloon contains 2 to 3 liters of nitrous which sells for anywhere between $2 and $5. Selling from one large compressed gas cylinder a drug dealing could yield a profit of $14,000.

The Club Drug Culture

One of the most alarming concerns with club drugs is the popular belief they are not as harmful nor addictive as mainstream drugs, and if taken in appropriate doses, are safe to use recreationally. This reasoning may in part be the fault of society today.

We live in a pill-popping culture with access to pills that resolve many forms of medical problems and ailments. If we have an infection we take penicillin, a headache we take an aspirin, if we can’t sleep we take a sleeping pill, and so on.

Children today grow up with the perception that trouble, pain, or difficulties can be resolved simply by taking a pill. It is easy to see therefore, how youth with few friends; poor grades in school; or significant social challenges, might turn to pills - and increasingly those pills are club drugs.

It is easy to see how club drugs are fast becoming our youth’s the new “gateway drug”. Historically this title has been held by alcohol and marijuana, which are readily available and a major focus of peer pressure. Pills, however, are not viewed by youth as “dirty drugs” used by “hardcore” drug addicts which must be smoked, injected, or snorted.

Some who never intended to use drugs, and succeeded in avoiding hardcore drugs, succumbed when offered a pill by friends who indicated it was not a drug but simply an “enhancer.” Though initially strong in their refusal, these victims are convinced by friends a little pill can’t be bad. Once users have experienced the enjoyable effects of club drugs they begin to crave another experience. While initially limiting use to a Friday or Saturday night, soon they begin using club drugs the entire weekend. Finally, looking for longer lasting highs, users turn to methamphetamine, cocaine, and other hardcore drugs and ultimately become addicted.

At this point “stacking,” or the use of more than one drug, becomes regular. Most common is the use of club drugs and alcohol, however, there is no limit to the number or types of drugs taken together to further enhance the experience. Stacking becomes a serious health risk with drugs like GHB because it increases the effects of alcohol which leads to respiratory distress, seizures, coma, and in some cases death.

According to a December 2000 report on Club Drugs by the Drug Abuse Warning Network (DAWN) 70% of emergency department episodes between 1994 and 1999 involving the club drugs GHB, Ketamine, LSD, MDMA, or Rohypnol involved more than one drug. Alcohol is the substance most frequently mentioned in combination episodes involving GHB (56%), MDMA (47%), Rohypnol (41%), Ketamine (38%), and Methamphetamine (28%).

There are now indications youth wait for special occasions for their first club drug use - a sixteenth birthday, graduating from high school, entrance to college, and the like. This same research identifies teenagers and young adults in college as the primary users of club drugs. This study gives Utahns reason for concern. With almost half its population younger than 25, Utah has the largest per capita youth population in the nation.

Parents are lulled into a false sense of security when children tell them of dances where “no drugs, alcohol, or violence” are allowed. Naturally this would alleviate many fears in Utah. It should be noted, however, that Utah is the only state where raves are marketed this way. When youth arrive they are almost immediately offered a club drug. Even more dangerous is the number of innocent girls unknowingly drugged when offered water laced with Ketamine or GHB. Soon these young girls, and possibly friends, find themselves in a semi-comatose state unable to defend themselves from sexual assault, or unaware it’s even happening.

Memory loss as the result of surreptitious dosing makes prosecution of sexual assault almost impossible. Victims have little or no memory of their attacker(s) and since club drugs often lower inhibitions and increase desire for sexual activity, it is more challenging to establish whether consent was given.

No longer can parents rely on the obvious signs of drug use to detect whether their children are using. Parents may assume all is well when children return home at the appointed hour with no smell of smoke from tobacco or marijuana and no tell-tale signs of being intoxicated. Parents, however, should be aware that club drugs produce a short term high lasting only one to six hours depending on the dose. Within the course of an evening a child could attend a dance or party, enjoy the euphoria of club drugs, come down off their high and return home acting as normal as when they left.

Utah's Club Drug Experience

Unfortunately far too many citizens fail to recognize Utah has a club drug problem, however, a review of local newspapers reveals that club drugs have arrived and are working their destruction.

Miss Teen Utah, Nicole Hansen, was dosed with GHB at a party and spent 5-6 hours in a Utah hospital as "Jane Doe." It wasn't until Nicole regained enough use of her limbs to write her parents phone number that they were notified and arrived at the hospital to identify their daughter.

By invitation only, some of Utah's elite host "Trancemission" parties in private homes for fellow friends and associates. These parties cost upwards of $10,000 to host and while most guests pay an entrance fee of $100, attractive female teenagers and young adults are sought out at dance clubs and other social gatherings and brought to the party for various motives. Club drugs are readily available at such parties and generally the first pill is included in the price of admission.

A Utah rave party was held April 7, 2001 at Saltair with approximately 3,500 individuals in attendance and only two security officers. The party began the evening of April 7 and did not end until 7:30 a.m. Sunday, April 8. The two police officers in attendance would have been overwhelmed if significant injuries or overdoses had occurred because no emergency medical staff was provided by promoters.

In March 2000 three Utah women were sent to the hospital from a Salt Lake club after drinking from a water bottle laced with GHB. One of the three immediately became sick, passed out and nearly died at the scene. Paramedics who responded thought they lost her twice before arriving at the hospital.

While club drug use statistics for Utah are difficult to gather due to school survey restrictions there are alarming national statistics. According to the US Department of Health and Human Services, *"Monitoring the Future National Results on Adolescent Drug Use 2000"*, MDMA (Ecstasy) use among 10th and 12th grade students in 1995 was 4.6%. By the year 2000 Ecstasy use had increased to 5.4% for 10th graders and 8.2% among 12th graders.

From this same report, annual prevalence of GHB use in 2000 was 1.2%, 1.1%, and 1.9% in grades 8, 10, and 12. The annual prevalence of Ketamine use was 1.6%, 2.1%, and 2.5% for the same grades.

Questions about Rohypnol use were added to this study in 1996. At that time respondents in 8th, 10th, and 12th grade reported use at about 1% for each grade. This number has held fairly constant over the years with use actually declining in 2000, though the decline was not statistically significant.

National DAWN emergency department (ED) mentions reinforced beliefs that club drugs are being used primarily by juveniles and young adults.

While 29% of all ED cases involve patients age 25 and younger, 80% of Ketamine, LSD, MDMA, and Rohypnol mentions were age 25 and younger and 59% of GHB mentions were 25 and younger.

Ten percent of all ED drug-related cases involve children and adolescents age 6 to 17. In contrast, the following club drug mentions were reported between the age of 6 to 17.

- 57% of Rohypnol mentions
- 38% of LSD mentions
- 27% of Ketamine mentions

Twenty percent of all ED drug-related cases involve young adults between the age of 18 to 25. In contrast, a disproportionate share of mentions were reported in this age category.

- 67% of MDMA (Ecstasy) mentions
- 58% of Ketamine mentions
- 50% of GHB mentions
- 46% of LSD mentions
- 32% of Rohypnol mentions
- 31% of Methamphetamine mentions

In the Spring of 2000, Utah witnessed its first massive club drug seizure. 110,000 MDMA (Ecstasy) pills originating in Amsterdam were seized by law enforcement en route to a Provo distributor. Following standard procedures, the drugs were shipped through various commercial carriers in France, Spain, Germany, and New York.

Summit Recommendations

The following recommendations, broken down into the four workgroup categories, were generated by policymakers at the August 10, 2001 Club Drug Summit. These recommendations will be presented to the full USAAV Council and distributed to its four standing committees for further action. During the summit, existing state agencies, groups, and organizations were identified to implement individual recommendations. Though not listed individually in this report, those agencies will be contacted through USAAV and the workgroup to see that recommendations are implemented.

I. EDUCATION AND COMMUNITY AWARENESS

Problems:

- ✓ Lack of knowledge about club drugs among educators, parents, and community leaders.
- ✓ Local communities not using available resources, such as teachers, coaches, and religious leaders, to their fullest extent in addressing club drugs.

Recommendations:

- ✓ Create a **speaker's bureau** to respond to requests for information by community groups.
  a) Presentation materials including computer presentations and videos should be prepared ensuring a unified message across the state.
  b) Match speakers with appropriate peer groups for more effective presentations.
  c) Ensure teachers are trained to play a role in the education campaign. Since teachers already have a position of trust with school kids, including club drug information in their curriculum will provide a more lasting impact.
  d) Blend in club drug education with ongoing anti-drug efforts to prevent the "drug-of-the-month" syndrome that often diverts attention from the whole drug problem while focusing on a single narrow issue.

- ✓ Develop a **reality-based media campaign** providing information on the dangers of club drugs.
  a) Target various audiences including teenagers, college students, and parents/community leaders using the appropriate media to reach each segment of the population.
  b) Ensure more substance than the simplicity of the "just say no" campaign or the scare tactics utilized during the 60's. Training is more effective when we "show" kids why drugs are dangerous rather than "tell" them.
  c) Create an inventory of local and national media campaigns to ensure Utah's campaign compliments current efforts.
  d) Focus on youth by showing respect for their opinions and individuality while truthfully outlining the dangers presented by these drugs.
  e) Involve teachers, coaches, and leaders who already have a relationship of trust with youth remembering that, "kids don't care how much you know until they know how much you care."
  f) Effectively utilize youth in Utah's campaign - possibly even recovering addicts - since peer groups are more inclined to listen and believe each other.
  g) Develop web-sites providing key information and content for children, youth, college students, and adults.
  h) Notify youth and adults their driver's license may be suspended if arrested and convicted for measurable amounts of a controlled substance in their system.

- ✓ Provide parents and leaders with a place to turn for help by developing a **statewide resource guide** listing local and state agencies that provide assistance with club drug addiction, treatment, training, education, or associated issues.

- ✓ **Provide simultaneous training** across the state utilizing Utah's existing 20-site Ed-Net system with programming to educate and train teachers, treatment professionals, law enforcement, and other community leaders.

- ✓ Reaffirm school-based programs addressing **depression and coping skills** for students who too often find relief in illicit drugs.

II. LAW ENFORCEMENT AND PROSECUTION

Problems:

- ✓ Lack of knowledge and training about club drugs among public safety personnel, government officials, prosecutors, and business leaders.
- ✓ Challenges in traditional law enforcement due to the nature of club drugs which are difficult to detect because they are largely odorless, tasteless, easily dissolved, and do not require a vehicle for delivery such as smoking, injecting, or snorting.
- ✓ Inadequate inter-agency coordination and intelligence sharing among law enforcement.
- ✓ The potential for significant injuries or death at raves due to a lack of local ordinances governing appropriate locations, building safety, security, medical personnel, and other precautions.

Recommendations:

- ✓ Provide detailed **club drug training** to public safety personnel.
  a) Update the drug curriculum at Police Officer Standards and Training (POST) to include club drugs.
  b) Develop a trainer of trainers course providing one officer in each department with the expertise to train other officers.
  c) Develop a club drug training course for law enforcement's annual 40 hour inservice requirement.
  d) Develop course curriculum at Utah's Drug Academy to educate narcotics officers about club drugs and their culture.

- ✓ **Encourage greater communication** among and between law enforcement agencies.
  a) Create and distribute a law enforcement club drug bulletin containing information about changing trends, potential raves, or individuals involved in drug sales and/or use.
  b) Encourage law enforcement to utilize Utah's Law Enforcement Information Network (ULEIN) to track individuals in the club drug trade and other information that could be used to monitor their activities.

- ✓ Propose **model laws and ordinances** outlining public safety standards for raves.
  a) Establish minimum requirements for building safety, security staff, medical personnel, noise levels, maximum capacity, and other public event standards.
  b) Require promoters to secure an annual license from the Division of Professional Licensing (DOPL) to host raves in Utah.
  c) Provide a venue that meets appropriate safety requirements where raves can be held for a nominal participant fee.
  d) Create and enforce local ordinances requiring a permit to host a rave. Permits should be recognized by law enforcement statewide. Fees associated with the permit should be sufficient to cover security, medical personnel and clean-up costs. Permits should hold promoters and venue owners, aware of the intended use of their facilities, liable for damages.

- ✓ **Create a sentencing structure** for individuals convicted on club drug charges that mirrors current Driving Under the Influence (DUI) laws. Penalties would include suspension of drivers license and court ordered assessment/education classes. Parents would be required to participate in such classes with their child. Necessary fees for such classes would remain the responsibility of the individual.

III. SEXUAL ASSAULT

Problems:

- ✓ Increased possibility of sexual assault due to amnesiac effects of club drugs whether an individual is dosed unknowingly or takes the drug recreationally.
- ✓ Utah law enforcement does not have a drug-facilitated rape protocol.
- ✓ Not all Utah law enforcement agencies have adopted protocols for rape and sexual assault.

Recommendations:

- ✓ Create a Utah **drug-facilitated rape protocol** to include the following items.
  a) Collection of a urine sample from each victim for testing to detect club drugs.
  b) Due to the semi-comatose state of victims when attacked their testimony will be limited. Train law enforcement to make up for this lack of testimony with increased evidence collection and observation at the crime scene.
  c) Train law enforcement in interview tactics specific to drug-facilitated sexual assault.

Develop a **comprehensive drug-facilitated rape speaker's bureau and education plan** through training programs for various groups concerned with sexual assault such as the heath care community, state office of education, rape crisis programs, college campuses, PTA, law enforcement agencies, medical professionals, prosecutors, teenagers, and parents.

- ✓ Include issues associated with drug facilitated rape in the **media campaign and speaker's bureau** outlined earlier. Specific information about victim assistance agencies, procedures, testing, evidence preservation and collection should be included.

- ✓ Provide **training to victim services staff** and other professionals who work with victims of this crime, including: law enforcement, prosecutors, and health care providers, regarding drug-facilitated rape. Training should address the unique trauma, questions, frustrations, and legal concerns associated with drug-facilitated rape asked by victims.

IV. TREATMENT

Problems:

- ✓ Lack of knowledge about club drugs on the part of treatment providers. Questions addressing club drug use are not asked during intake/assessment interviews.
- ✓ Incomplete information regarding Utah's incidence and prevalence of club drug abuse and treatment needs.
- ✓ Few professionals are experienced at providing treatment for club drug abuse.
- ✓ The court system is not referring club drug-addicted individuals to treatment.

Recommendations:

- ✓ **Increase awareness of club drugs among treatment** providers and medical professionals.
  a) Identify and invite local and national treatment experts to provide training at professional conferences or other such meetings in Utah.
  b) Amend intake and assessment questions and procedures to account for club drugs, raves, and associated lifestyle.
  c) Gather and disseminate club drug treatment information through the Utah Division of Substance Abuse.
  d) Train general practitioners and emergency room doctors to look for signs of club drug use such as persistent back aches, muscle problems, sleep disorders, and depression and then diagnose appropriately.
  e) Train dentists to look for bruxism or worn teeth caused by the grinding reflex experienced while using club drugs.
  f) Implement club drug training as part of Inservice requirements for treatment licensing agencies and organizations.

- ✓ Provide accurate information regarding the **incidence and prevalence of club drug use** by taking the following steps.
  a) Add individual club drugs to the Addiction Severity Index (ASI) questionnaire completed upon entry to treatment programs.
  b) Add individual club drugs to the Division of Substance Abuse MIS system reporting forms completed by treatment providers.
  c) Include club drugs on surveys conducted in Utah's schools and resume conducting surveys to determine the level of drug use among minors.
  d) Add club drugs to the Arrestee Drug Abuse Monitoring (ADAM) study currently being conducted at the Salt Lake County Correctional Facility.
  e) Add club drug use questions to the intake/assessment forms used at Utah's juvenile detention facilities.

✓ Enhance access to treatment for club drug addiction and encourage more **referrals through the justice system**.

a) Increase participation in treatment through court orders.
b) Inform the public of treatment options through the media campaign.
c) Enhance existing outreach efforts by educating peer teams and help line operators on the dangers of club drugs and treatment opportunities.
d) Involve parents and guardians in the treatment process since family support is a critical component of recovery.

For More Information Contact:

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